



CERTIFICATE OF MAILING BY FIRST CLASS MAIL

PATENT

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

By: Renee D. East

Date of signature and deposit - January 6, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Benjamin J. Parker et al)	Group Art Unit: 2141
Serial No. 10/034,012)	
Filed: 12/20/2001)	Examiner: Kristie D. Shingles
Title: Configuring Computer Network)	
Communications In Response To)	Attorney Docket: 1805(15817)
Detected Firewalls)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Information Disclosure Statement under 37 CFR 1.97(d)

Honorable Sir:

Applicant hereby requests consideration by the Examiner of this Information Disclosure Statement including references listed on attached form 1449. This Statement is being submitted prior to payment of the issue fee.

Pursuant to 37 CFR 1.97(e)(2), the information listed on the information disclosure statement submitted herewith was not cited in any communication from a foreign patent office in a foreign counterpart application, and to the knowledge of the person signing below after making reasonable inquiry was not known to any individual designated in 1.56(c) more than three months prior to the date of submission hereof.

A fee transmittal is attached for the fee set forth in 1.17(p).

01/10/2006 FFANAI2 00000054 210765 10034012
01 FC:1806 180.00 DA

Respectfully submitted,

Mark L. Mollon

Reg. No. 31,123

Dated: January 6, 2006
MacMillan, Sobanski & Todd, LLC
One Maritime Plaza, Fourth Floor
720 Water Street
Toledo, Ohio 43604
Tel: 734-542-0900



Complete if known

(Use as many sheets as necessary)

Application Number	10/034,012
Filing Date	12/20/2001
First Named Inventor	Benjamin J. Parker et al
Examiner Name	Kristie D. Shingles
Art Unit	2141
Attorney Docket No.	1805(15817)

Sheet

1

of

1

[illegible]

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Application of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code ³ Number ⁴ Kind Code ⁵ <i>(if known)</i>			

Examiner	Date
Signature	Considered

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). ² See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademarks Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1 450, Alexandria, VA 2231 3-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005

Effective 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if known

Application Number	10/034,012
Filing Date	12/20/2001
First Named Inventor	Benjamin J. Parker et al.
Examiner Name	Kristie D. Shingles
Art Unit	2141
Attorney Docket No.	1805(15817)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account: Deposit Acct. Number: 21-0765 Deposit Acct. Name: Sprint Communication Company L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except the filing fee to the
above-identified deposit

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims - 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee Code - 1806 = 180.00

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)	Mark L. Mollon	Registration No. (Attorney/Agent)	31,123	Telephone	(734) 542-0900
Signature	<i>Mark L. Mollon</i>	Date	January 4, 2006		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select Option 2.